

24989

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16367

State File No.

FILED MAY 20 1944 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

4440

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **23 days**
(Specify whether
In this community..... **Life**
years, months or days)

3. (a) PRINT
FULL NAME

Hugh Gordon

3. (b) If veteran,
name war.....

No

3. (c) Social Security
No.....

None

4. Sex..... **Male** 5. Color or race..... **White**
6. (a) Single, widowed, married,
divorced..... **Married**
6. (b) Name of husband or wife..... **Anna Gordon**
6. (c) Age of husband or wife if
alive..... **55** years
7. Birth date of deceased..... **January 12, 1885.**
(Month) (Day) (Year)

8. AGE: Years Months Days
59 **3** **28**
If less than one day
hr. min.

9. Birthplace..... **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Retired - Ice Cream Maker**

11. Industry or business.....

MOTHER FATHER { 12. Name..... **Thomas Gordon**
13. Birthplace..... **Virginia**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Margaret McQuoid**
15. Birthplace..... **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Anna Gordon**
(b) Address..... **5657 Cote Brillante**
17. (a) **Burial** (b) Date thereof..... **May 13, 1944.**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... **St. Peters Cemetery**

18. (a) Signature of funeral director..... **CALVIN F. FEUTZ FUNERAL HOME**
(b) Address..... **4828 Natural Bridge Blvd.**
19. (a) **MAY 13 1944** (b) Registrar's signature.....
(Date registered) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No..... **5657 Cote Brillante**
(If rural, give location)
(e) Citizen of foreign country?..... **No** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **May** day..... **10th**
year..... **1944** hour..... **8** minute..... **45 P.M.**
21. I hereby certify that I attended the deceased from..... **April 18th**
19..... **44** to..... **May 10th** 19..... **44**
that I last saw him..... **alive** on..... **May 10th** 19..... **44**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Cirrhosis of liver**
Duration

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:

Of operations.....
Of autopsy..... **Cirrhosis of liver**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work?..... (e) Means of injury.....
23. Signature..... **L. Kuznetsov** (M. D. or other)..... **M.D.**
Address..... **1515 Lafayette** Date signed..... **5/13/44**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John A. Mlinar

Licensed Embalmer No. *4186*

P. O. Address.....

St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.